ISSUES PAPER AND GUIDANCE MATERIAL ON PASSIVE SMOKING IN THE WORKPLACE

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NOTE: Please discuss briefly how much more information would be present in a code of practice in the light of the Code of Practice prepared by NSW WorkCover Authority.

Please note: superscript numbers in the text are references to other publications. These are being gathered to check the accuracy of the research oFr statement.

INTRODUCTION

A previous policy statement released by the National Occupational Health and Safety Commission in 1991 resolved that, given the proven health risks of smoking, a tobacco smoke-free work environment should be the objective for Australian workplaces. This commitment by the National Commission was consistent with the view that all atmospheric contaminants in work environments capable of causing ill-health should be eliminated or controlled.

The purpose of this document is to highlight passive smoking as a major occupational health and safety issue and to provide information for use by employers, unions, occupational health and safety practitioners, managers, health and safety committees and representatives, safety officers, medical practitioners and others involved in the development of policies on workplace smoking.

WHAT IS PASSIVE SMOKING?

Passive smoking is the involuntary inhalation of other people's tobacco smoke**(provide reference).** It may take the form of either 'mainstream smoke' inhaled and exhaled by the smoker, or 'side stream smoke' produced directly from the burning tobacco. These two sources are collectively referred to as Environmental Tobacco Smoke (ETS).

Sharing the same air as smokers means that non-smokers are exposed to the toxic substances in tobacco smoke. Tobacco smoke contains thousands of chemicals which are released into the air as particles and gases. These include approximately 60 known or suspected cancer causing substances[1].

(comment on active smoking required)

SCOPE OF THE PROBLEM

CHANGES IN ATTITUDES TOWARD SMOKING
(This is intended to be a lead in to passive smoking)

In recent years there has been growing concern **by whom that** over the effects of smoking. Surveys have been undertaken in relation to smoking in some workplaces. These include:

A 1990 National Heart Foundation Survey of the top 231 companies in New South Wales **(get new study from Ian P)**. This survey found that 56% had a smoking policy in place. Of those organisations-

47% had instituted their smoke free policy in the previous 12 months.

83% of companies with policies found their implementation process was easy.

The bulk of public sector organisations were already smoke free.

A growing number of public places were becoming smoke free (commercial aircraft, airports, trains, buses, museums, theatres etc) or restricted or zoned (restaurants or clubs).

A survey of 1228 South Australians carried out in 1991 showed that 88% of respondents would prefer to sit in non-smoking dining areas[8] (even among the smokers surveyed only 9% thought there should be no restrictions on smoking in restaurants).

<u>Surveys that have been carried out may support a view that there is an increasing willingness to address this issue in a workplaces.</u>

LEGAL IMPLICATIONS OF PASSIVE SMOKING IN THE WORKPLACE

An employers duty of care under occupational health and safety legislation.

An employer owes a duty of care to ensure the health, safety and welfare of all employees in the workplace. Furthermore, an employer also owes a duty of care to persons in the workplace other than employees, to ensure they are not exposed to risks arising out of the employers business.

Smoking employees should note that under Commonwealth, State and Territory occupational health and safety legislation an employee also owes a duty of care not to endanger their own health and safety and that of others in the workplace.

Common Law Cases on passive smoking

In November 1986, the Federal Attorney- General, in a statement to the House of representatives, said:

'An employer has a common law duty of care to take reasonable steps to protect its employees' health and safety, including the provision of safe workplaces...it could be argued that an injury from passive smoking is reasonably foreseeable and that consequently such an

injury could give rise to an action for damages at common law.'

Since 1980 there have been at least ten cases around Australia in which employees have received compensation, either through workers compensation or common law, for discomfort or disease allegedly incurred because they were subjected to passive smoking at work[5,6].

Justice Morling in the Federal Court of Australia in 1991 found that, 'there is compelling scientific evidence that cigarette smoke causes lung cancer in non-smokers' and that 'there is overwhelming evidence...passive smoking causes some people to experience attacks of asthma.' state that this case is under appeal. **(take legal advide on these statements as the decision is under appeal)** In May 1992, Liesel Scholem successfully claimed for damage to her health (aggravated asthma and emphysema) as a result of exposure to passive smoke at work. She was awarded $85,000. This was the first successful jury supported common law claim against an employer for a passive smoking related injury in Australia (several previous cases have been settled out of Court). This case is presently under appeal.

As a result of these cases it is more likely that employers could be held liable under common law or occupational health and safety legislation when a worker or visitor into that workplace experiences discomfort or disease as a result of exposure to passive smoking in a workplace.

~~**PASSIVE SMOKING IS A HEALTH HAZARD.**~~

(SEPARATE POLICY STATEMENTS FROM HEALTH HAZARDS)

HEALTH AND SAFETY EFFECTS OF PASSIVE SMOKING

There is an increasing body of scientific evidence, endorsed by the National Health and Medical Research Council and the World Health Organisation, pointing to the unhealthy effects of 'passive smoking' due to the breathing in of other peoples' tobacco smoke.

Research suggests that passive smoking is aesthetically offensive to many non smokers **(reference to be provided)**, and is often a discomfort to them. It frequently produces acute effects on eyes and the upper respiratory tract.

Smokers significantly increase their personal health risk, particularly if they are also exposed to certain occupational hazards such as asbestos, other dusts and some chemicals. The reduced immune functioning found in smokers may also predispose them to the development of allergies to some chemicals in the workplace.

There is another form of exposure which can occur in a workplace, the exposure of a foetus to absorbed constituents and matabolites of smoke in the maternal blood. This is a very special category of passive smoking which can occur in pregnant women exposed to either 'active' or 'passive' smoking.

In regard to workplace safety most workplaces contain combustible materials such as furniture, fittings, paper products and chemicals which are potential fire hazards. Control of tobacco smoking is an important factor in reducing fire and explosion risks.

RESEARCH INTO PASSIVE SMOKING

Research has shown that exposure to passive smoking:

Can trigger asthma attacks**(PUT IN PROPORTION OF POPN THAT ARE ASTHMATICS).**

Is a danger to people with pre-existing respiratory, heart or lung conditions.

Irritates the eyes, nose and throat.

Increases the risk of lung cancer[2] (around 146 Australians die every year from lung cancer caused by passive smoking[3]).

Increases the risk of heart disease.

Reduces lung function.

(REORDER ABOVE LIST AND EXPAND)

POLICY ON PASSIVE SMOKING

A large number of studies have been undertaken on the relationship between passive smoking and ill health. These studies have led to the development of many policies on passive smoking both internationally and in Australia.

Internationally

The International Agency for Research on Cancer, an agency of the World Health Organisation has listed tobacco smoke as a Group 1 carcinogen.
(ABOVE NEEDS FULLER TEXT RELATING TO CONTEXT)

2504086120

(US SURGEON GENERALS REPORT INFO TO BE STATED)

In the United States many State legislatures and municipalities recently have restricted or prohibited smoking in the workplace. The Environmental Protection Agency (EPA) in the USA has classed environmental tobacco smoke as a Group A^2 carcinogen. This is category is given to substances with the greatest degree of

scientific certainty for known or suspected carcinogens. In January 1993 Mr William K Reilly of the US EPA stated that environmental tobacco smoke may be one of the most important health risks in the world today because of the large amount of time we spend indoors.

In January 1986 the Executive Board of the World Health Assembly unanimously adopted a Resolution, Smoking and Health, affirming... ' that tobacco smoking and the use of tobacco in all its forms is incompatible with the attainment of health for all by the year 2000'. The report on this assembly emphasises that it is necessary to protect the rights of non- smokers whose health is endangered by those 'addicted to tobacco', the resolution 'urges those Member states which have not yet done so to implement smoking control strategies' to 'ensure that non-smokers receive effective protection, to which they are entitled, from involuntary exposure to tobacco smoke, in enclosed public places, restaurants, transport and places of work and entertainment'. Taking a strong position against enforced smoking, which means inhaling other people's smoke, the resolution says it 'violates the right to health of non-smokers, who must be protected against this noxious form of environmental pollution'.

This resolution was formally adopted by the Thirty ninth World Health Assembly in May 1986. The Australian government co-sponsored the resolution.

In Australia

The National Health and Medical Research Council has produced a report which has reviewed the literature available on this issue and has identified a number of relationships between passive smoking and ill health.

Therefore from the studies that have been published on this issue it is evident that passive smoking is an avoidable occupational health and safety risk.

THE BENEFITS OF A NO SMOKING POLICY

(PLACE HEALTH EFFECTS FIRST IN LIST)

The benefits include:

- Improved health and fitness of all workers- health of non smokers will improve when they are no longer exposed to passive smoking.
- Reduced risk of legal action- the possibility of litigation is ever present in an organisation without a smoke free policy.
- Reduced cleaning costs- smoking increases cleaning costs. Cleaners have to empty ash trays, vacuum shampoo carpets to remove tobacco

odours, clean windows and upholstery more frequently.

- Reduced maintenance costs- cigarettes burn hoes in carpets, and walls and ceilings need painting more often. Smoke can also damage high capital items such as computers.

- Reduced insurance premiums (fire, health, workers' compensation) - In NSW cigarettes and discarded matches were the leading cause of fires in 1980 causing a third of all fires. Claims due to fire increase insurance premiums.

- Reduced number of accidents- studies show that smokers have twice the accident number of accidents than non smokers. this could be due to inattention, coughing or eye irritation or attempting to do tasks with one hand only.

- Reduced air circulation and ventilation costs- most experts agree that ventilation rates for areas where smoking is permitted require 5-6 times more than non smoking areas. Being smoke free can present significant savings.

- Reduced absenteeism- smokers have higher rates of absenteeism than their non smoking counterpart. For example smokers of 15 cigarettes or more have nearly twice as many sick days than non smokers.(RELATE THIS TO PASSIVE SMOKING)

- Improved productivity- lost time due to smoking (lighting, puffing, buying borrowing) has been estimated between 8 and 55 minutes a day. If averaged to 30 minutes a day this will equate to 18 days in one year.

- Improved morale- morale is raised when management and unions demonstrate concern for the health and safety of all workers. Conflict between smokers and non smokers is also reduced.

THE COSTS INVOLVED IN IMPLEMENTING A POLICY

There may be costs associated with developing a policy on passive smoking.

Engineering Controls

In addressing the control hierarchy there may be significant financial cost incurred in amending or replacing air conditioning systems.

Segregation of smoking areas from work areas

The costs of providing separate facilities as part of a program of phasing out smoking in a workplace may be signiifcant.

Adverse reaction of personnel to having smoking restricted

There may be a negative reaction from existing smokers.

Raising other urgent OHS issues

The process of addressing this issue in a workplace may highlight other issues which may require control. This may be considered as an advantage or disadvantage.

ETC

DISCUSSION OF A HIERARCHY OF CONTROL MEASURES FOR PASSIVE SMOKING

Identification of Hazards and the Assessment and Control of Risks

In addressing any occupational health and safety issue in a workplace it is appropriate to assess the risks of an identified hazard. This process can be of assistance in addressing the passive smoking issue.

From an effective assessment of the risk of passive smoking in a particular workplace the necessary appropriate measures for controlling the risk may be established

HIERARCHY OF CONTROL MEASURES

An accepted method of establishing appropriate control measures for a risk is to follow a hierarchy of control measures. The hierarchy of control measures is as follows:

1. **Elimination of the substance in the workplace.**
2. **Modification of the design of the workplace.**
3. **Isolation**
4. **Engineering controls**
5. **Administrative Controls**
6. **Personal Protective Equipment**

Under occupational health and safety legislation an employer is required to consider possible control measures. The employer should first consider elimination

of the hazard as the best means of establishing effective control of the risk. If this is not practicable the employer may continue down the hierarchy until a control measure or combination of control measures can achieve the required reduction in exposure.

PART TWO GUIDANCE/PRACTICAL HELP SECTION

STEPS IN IDENTIFYING, ASSESSING AND CONTROLLING AN OHS ISSUE

Assessing your workplace

In assessing your workplace you will find out information which will provide you with the basis for a statement of objectives.

This should include:

where smoking takes place and its extent;

an appropriate process for consulting with employees on this issue (ie through health and safety representatives and OH & S Committee);

case studies of successfully introduced policies;

the context of this initiative within the OHS plan for the organisation;

identification of any high risk areas or prohibited areas, such as explosives or hazardous substances stores or food preparation areas;

identification of the nature of the work;

the availability and effectiveness of ventilation if there are to be Designated Smoking Areas.

Leading from an effective assessment of the risk of passive smoking in a particular workplace any necessary and appropriate measures for controlling the risk may be established.

A hierarchy of control measures for employers to consider are provided below:

1. **Elimination of the substance in the workplace.**

2. **Modification of the design of the workplace.**

3. **Isolation**

4. **Engineering controls**

5. **Administrative Controls**

6. **Personal Protective Equipment**

need supporting text under each item

Under occupational health and safety legislation an employer is required to consider possible control measures. The employer should first consider elimination of the hazard as the best means of establishing effective control of the risk. If this is not practicable the employer may continue down the hierarchy until a control measure or combination of control measures can achieve the required reduction in exposure.

Is an immediate ban on smoking at work required?

By use of the control hierarchy it is expected that the majority of employers will opt for elimination of the harmful substance from an indoor or enclosed workplace as the best practicable control measure as there is no safe level for exposure to tobacco smoke. However employers may wish to consider establishing designated smoking areas as a part of implementing a policy of elimination in a workplace inside or outside a building or other confined workplace provided the air from these areas does not contaminate the non-smoking areas.

(RELATE LAST SENTENCE TO IMPLEMENTING A NO SMOKING POLICY)

Can ventilation solve the passive smoking problem?

The quality of the air in a building depends on the design and operation of the air conditioning system. The aim of such systems is to maximise comfort of persons in that environment. However cost and energy constraints are imposed so the goal of maximum comfort is often compromised.

Increasing ventilation in smoky environments may be seen as a simple solution to the passive smoking problem, particularly in a workplace which does not lend itself to implementing a no smoking policy. However, there are practical problems with taking this path including:

Air conditioning units are expensive to install and it may take more than one to service larger areas or areas with significant amounts of cigarette smoke.

Most units simply circulate smoky air and therefore may not reduce the risk to a workers health as a result of exposure to passive smoke. Even air conditioning units which claim to remove 95% of particles from the air cannot remove the gaseous contaminants of tobacco smoke. Tobacco smoke is made up of about 90 percent gases and 10 percent particles. Each group contains irritants and toxins, including substances which are known to cause, trigger or promote the cancer process.

Run at high capacity most air conditioning units will not meet the recommended American and British standards for flow rates per person in light and

heavy smoke environments[11 12]. The continuous operation of units at high capacity to cope with smoky conditions has implications for running and maintenance costs.

Increasing ventilation alone may not safeguard employees and visitors to the workplace from the potential health consequences of exposure to passive smoke. It is also clear from surveys that a majority of people prefer a smokefree environment at work and in restaurants. Many workplaces simply go smokefree rather than pursue the expensive and not entirely satisfactory air conditioning option.

MOVING TO A SMOKE-FREE WORK ENVIRONMENT--PRINCIPLES

Consultation

Consultation with employees during the development and implementation of a workplace program is essential for its success. Discussion with health and safety representatives is the appropriate way to begin this consultation.

An ideal forum for this consultation to take place in is the workplace health and safety committee. Unions, employer associations and professional bodies can assist with advice on program development and materials to help in the implementation of a workplace program.

Organisational Support

Demonstrated commitment by organisational leaders is essential.

A workplace program to reduce and eliminate smoking needs to be observed by all staff if it is to be effective.

Timetable

Once an organisational commitment to implement a smoke-free work environment has been made, then a workplace program should be phased in according to an agreed timetable.

This phasing-in period should be developed in consultation with employees. A reasonable time frame, such as 12-24 months, is appropriate. Specifying such a time recognises that program implementation will take place progressively and in a way that suits each workplace.

ENSURING SUCCESS OF THE POLICY

Three components are necessary to ensure success of a policy:

. education and information programs;

- a work environment that enables the workplace program to be implemented; and

- personnel support facilities.

MOVING TO A SMOKE-FREE WORK ENVIRONMENT--IMPLEMENTATION

After it has been decided to implement a workplace program, a number of approaches may be taken. These depend on the time over which the program is to be implemented and the degree to which the physical layout of the workplace has to be changed.

The first step in developing a smoke free policy is to define clear objectives. This will enable you to:

identify what you wish to achieve;

set key dates for the implementation period; and

describe the proposed policy to management and employees effectively.

Each workplace has characteristics which make it different from another. These may include location, clients and work practices. To make the policy appropriate to your organisation you will need to carefully assess these characteristics and requirements to ensure the policy's success once implemented.

Developing the wording of your policy can be assisted by reference to materials that can be obtained from organisations listed at the end of this document

Three components are necessary to ensure success of a policy:

- education and information programs;

- a work environment that enables the workplace program to be implemented; and

- personnel support facilities.

(1) EDUCATION AND INFORMATION PROGRAMS

Education and information programs should be developed and provided to all employees about;

- the effects of passive smoking on health;

- the reasons for the workplace policy; and

- the timetable for the program's introduction.

This information should be available in a form

easily understandable to all employees. This will need to be languages appropriate to the workplace for those of non-English speaking background, and in plain language for workers with a low level of literacy.

(2) WORK ENVIRONMENT

The changes to the work environment required to introduce a workplace program will realistically take account of the nature of the particular workplace, for example:

- *the physical layout of the workplace;*
- *the nature of the work; and*
- *the availability and effectiveness of ventilation if there are to be Designated Smoking Areas.*

Implementing changes to the work environment should include the steps outlined below:

Step 1 **In all workplaces, particular areas should be designated immediately as non-smoking areas.**

Areas that should be designated immediately as non-smoking areas include:

- *fire hazard areas;*
- *fire escapes;*
- *conference rooms, training areas and interview rooms;*
- *areas in which chemicals are stored or areas containing flammable substances;*
- *areas used for food preparation;*
- *sick rooms and first aid posts;*
- *confined and poorly ventilated spaces;*
- *toilets;*
- *stairways/stairwells and other major internal thoroughfares;*
- *libraries;*
- *motor vehicles with passengers;*
- *enclosed areas of public access, eg. foyers;*
- *lifts;*
- *areas where equipment can be damaged by smoke, for example, computer rooms, photocopier rooms and storerooms; and*
- *lunch rooms and employee recreation areas.*

Step 2 **Work areas should be made non- smoking**

Smoke-free work areas are needed from the beginning of the program for the health and comfort of non-smoking workers. It will also indicate to the workforce that there is an organisational commitment to the introduction of a non-smoking workplace.

Step 3 **Signs should indicate clearly the presence of a non-smoking area.**

Signs using standard symbols are available from organisations listed at the end of this document. **These should be put up as soon as possible after the start of the program.**

If signs are situated at the entrance to non-smoking areas, then provide ash trays or smokers' bins, immediately outside the non-smoking area.

(3) PERSONNEL POLICIES

The introduction of a policy for a smoke-free work environment will benefit all who work there. Its introduction needs sensitivity on the part of smokers, non-smokers, management, supervisors and other employees. Consultation and an explanation of the changes planned, and the reasons for them, will be necessary. A reasonable, but firm management commitment to change, coupled with consideration of the issues and for the concerns of employees, both smokers and non-smokers, will be essential.

Implementing changes to personnel policies includes the following:

- Offer smokers access to programs which help people to stop smoking, for example, counselling programs and the QUIT program. Implementation of a workplace program combined with access to skilled counselling programs may be of great benefit in helping people to give up smoking.

- Job recruitment advertisements should clearly state that employees will be working in a smoke-free environment. However, smokers should not be discriminated against in the offer of employment.

- Implementation of an acceptable grievance handling procedure.

Evaluation

A survey of workers 6 to 12 months following implementation of a Smoking Policy and the publication of its findings often endorses the decision to go smoke free.

AN EXAMPLE OF A DRAFT POLICY

A draft policy is provided at Attachment 1 to aid in developing a no smoking policy.

REFERENCES

National Policy Statement on Smoking and the Workplace, NOHSC November 1990

Draft Code of Practice on Passive Smoking in the Workplace, WorkCover Authority of New South Wales, 1993

Working Smoke Free, SA Tobacco Program, Public & Environmental health Division, South Australian Health Commission, June 1991

Is ventilation a solution to passive smoking? David Edwards, South Australian Smoking And Health Project

Effects of Passive Smoking on Health, Report of Working Party adopted at 101st Session of the National Health and Medical Research Council, June 1986, available from the National Health and Medical Research Council

Guidance Note--Policy for Smoking in the Workplace, available from the Department of Occupational Health, Safety and Welfare of Western Australia.

Towards a Smoke-free Working Environment, available from the Victorian Occupational Health and Safety Commission.

Working Smoke Free, available from the Victorian Smoking and Health Program.

CONTACT ORGANISATIONS

National Health and Medical Research Council
Level 6, Albermarle Building
Furzer Street
PHILLIP ACT 2606 or
GPO Box 9848
CANBERRA CITY ACT 2601
(06) 289 1555

National Heart Foundation (National Office)
Corner Denison Street and Geiles Court
DEAKIN ACT 2600 or
PO Box 2
WODEN ACT 2606
(06) 282 2144

QUIT New South Wales
Rozelle Hospital
Balmain Road
ROZELLE NSW 2039
(02) 818 5222

National Heart Foundation (New South Wales Division)
343-349 Riley Street

SURRY HILLS NSW 2010
(02) 211 5188

Victorian Smoking and Health Program
12 Victoria Street
CARLTON SOUTH VIC 3053 or
PO Box 888
CARLTON SOUTH VIC 3053
(03) 663 7777

National Heart Foundation (Victorian Division)
464 William Street
WEST MELBOURNE VIC 3003
(03) 329 8511

Victorian Occupational Health and Safety Commission
Level 20, Nauru House
80 Collins Street
MELBOURNE VIC 3000
(03) 654 8066

National Heart Foundation (Queensland Division)
557 Gregory Terrace
FORTITUDE VALLEY QLD 4006
(07) 854 1696

National Heart Foundation (South Australian Division)
155-159 Hutt Street
ADELAIDE SA 5000
(08) 223 3144

Health Promotion Team
South Australian Health Commission
Level 8
11 Hindmarsh Square
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PO Box 6
RUNDLE MALL POST OFFICE SA 5000
(08)2266329

Smoking and Health Project
Health Department of Western Australia
189 Royal Street
EAST PERTH WA 6004
(09)2222000

National Heart Foundation (Western Australian Division)
43 Stirling Highway
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Department of Occupational Health, Safety and Welfare of Western Australia
Willmar House
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National Heart Foundation (Northern Territory Division)
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